

7002 0860 0000 1409 0784

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only: No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here 1:02-CR-105 DOC. 53 1/20/06	
Sent To DARIN KEITH MARTIN 03606-061	
Street, Apt. No., or PO Box No. FCI MCKEAN, P.O. BOX 8000	
City, State, ZIP+4 BRADFORD, PA 16701	
PS Form 3800, April 2002 See Reverse for Instructions	